om Ribat Chille, Inc.		
1400 8TH AVENUE		
UNI ON GROVE 53182 Phone: (262)) 878-2788	Ownershi p:
Operated from 1/1 To 12/31 Days of (Operation: 366	Highest Leve
Operate in Conjunction with Hospital?	No	Operate in C
Number of Beds Set Up and Staffed (12/3	31/00): 79	Title 18 (Me
Total Licensed Bed Capacity (12/31/00):	79	Average Dail
Number of Residents on 12/31/00:	70	0

Ownership: Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Average Daily Census: 69

Services Provided to Non-Residents	****	Age, Sex, and Primary Diagn	**************************************	* * * * * * * * *) %						
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	 %	Age Groups	 %	Less Than 1 Year 1 - 4 Years	38. 6 45. 7			
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0. 0	More Than 4 Years	15. 7			
Day Servi ces	No	Mental Illness (Org./Psy)	25. 7	65 - 74	8. 6					
Respite Care	No	Mental Illness (Other)	2. 9	75 - 84	44. 3		100. 0			
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	35. 7	**************	******			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0. 0	95 & 0ver	11.4	Full-Time Equivaler	nt			
Congregate Meals	No	Cancer	4. 3			Nursing Staff per 100 Re	esi dents			
Home Delivered Meals	No	Fractures	2. 9		100. 0	(12/31/00)				
Other Meals	No	Cardi ovascul ar	25. 7	65 & 0ver	100. 0					
Transportation	No	Cerebrovascul ar	14. 3			RNs	12. 9			
Referral Service	No	Di abetes	8. 6	Sex	%	LPNs	7. 3			
Other Services	Yes	Respi ratory	12. 9			Nursing Assistants				
Provi de Day Programming for		Other Medical Conditions	2. 9	Male	28. 6	Aides & Orderlies	34. 6			
Mentally Ill	No			Female	71. 4					
Provi de Day Programming for			100. 0							
Developmentally Disabled	No				100. 0					

Method of Reimbursement

		Medi (Ti tl	e 18)		Medic (Title	19)		0th			ri vate				d Care		Percent
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	2. 4	\$118. 59	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	1. 4%
Skilled Care	6	100.0	\$206.30	38	92.7	\$102.54	0	0.0	\$0.00	4	17. 4	\$148.96	0	0.0	\$0.00	48	68 . 6 %
Intermedi ate				2	4.9	\$86. 50	0	0.0	\$0.00	19	82.6	\$148.96	0	0.0	\$0.00	21	30.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Residential Care				0	0.0	\$0. 00	0	0. 0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Traumatic Brain Inj		0.0		0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	it 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total		100.0		41	100. 0		0	0.0		23	100.0		0	0.0		70	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Conditio	ns, Services	s, and Activities as o	of 12/31/00	
beachs burning keporering refrou				%	Needi ng		Tota	al
Percent Admissions from:		Activities of	%		stance of	% Totally	Number	of
Private Home/No Home Health	2.8	Daily Living (ADL)	Independent	One C	r Two Staff	Dependent	Resi de	ents
Private Home/With Home Health	0. 9	Bathi ng	4.3		54. 3	41. 4	70	
Other Nursing Homes	0. 9	Dressi ng	7. 1		72. 9	20. 0	70	
Acute Care Hospitals	86 . 0	Transferri ng	22. 9		54. 3	22. 9	70 70	
Psych. HospMR/DD Facilities	0.0	Toilet Use	17. 1		58. 6	24. 3	70	
Rehabilitation Hospitals	0. 9	Eating	74. 3		12. 9	12. 9	70	
Other Locations	8. 4	*********	*******	******	******		********	******
Total Number of Admissions	107	Continence	1 0 .1 .	%	Special Trea			%
Percent Discharges To:	40 7	Indwelling Or Externa		4. 3	Recei vi ng	Respiratory Care	2.	
Private Home/No Home Health	16. 7	Occ/Freq. Incontinent		60. 0		Tracheostomy Care	0.	
Private Home/With Home Health	14.8	Occ/Freq. Incontinent	of Bowel	25. 7		Suctioning	0.	
Other Nursing Homes	2.8	M-L:1:4				Ostomy Care	0.	
Acute Care Hospitals	29. 6 0. 0	Mobility Physically Restrained	i	2. 9		Tube Feeding	0. Diets 40.	
Psych. HospMR/DD Facilities Rehabilitation Hospitals	0. 0	rnysicarry kestrarnet	l	۵. 9	Recei vi lig	Mechanically Altered	Diets 40.	U
Other Locations	7.4	Skin Care			Othon Posido	ent Characteristics		
Deaths	28. 7	With Pressure Sores		5. 7		ice Directives	100.	0
Total Number of Discharges	ω0. <i>1</i>	With Rashes			Medi cations	ice birectives	100.	U
(Including Deaths)	108	with Musiles		0. 0		Psychoactive Drugs	58.	6
**********	*****	! ************	******	******	******	*********	******	*****

		Ownershi p:		Bed Size:		Li censure:			
	Thi s	Propri etary		50-	50- 99		Skilled		
	Facility	Peer	Peer Group		Group	Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	87. 3	82. 5	1.06	87. 3	1.00	84. 1	1.04	84. 5	1.03
Current Residents from In-County	74. 3	83. 3	0.89	80. 3	0. 92	83. 5	0.89	77. 5	0. 96
Admissions from In-County, Still Residing	24. 3	19. 9	1. 22	21. 1	1. 15	22. 9	1.06	21. 5	1. 13
Admi ssi ons/Average Daily Census	155. 1	170. 1	0. 91	141.8	1.09	134. 3	1. 15	124. 3	1. 25
Discharges/Average Daily Census	156. 5	170. 7	0. 92	143. 0	1.09	135. 6	1. 15	126. 1	1. 24
Discharges To Private Residence/Average Daily Census	49. 3	70.8	0. 70	59. 4	0.83	53. 6	0. 92	49. 9	0. 99
Residents Receiving Skilled Care	70. 0	91. 2	0. 77	88. 3	0. 79	90. 1	0. 78	83. 3	0.84
Residents Aged 65 and Older	100	93. 7	1. 07	95. 8	1.04	92. 7	1. 08	87. 7	1. 14
Title 19 (Medicaid) Funded Residents	58. 6	62. 6	0. 94	57. 8	1.01	63. 5	0. 92	69. 0	0.85
Private Pay Funded Residents	32. 9	24. 4	1. 35	33. 2	0. 99	27. 0	1. 22	22. 6	1.45
Developmentally Disabled Residents	0. 0	0.8	0.00	0. 7	0.00	1. 3	0.00	7. 6	0.00
Mentally Ill Residents	28. 6	30.6	0. 93	32. 6	0.88	37. 3	0. 77	33. 3	0.86
General Medical Service Residents	2. 9	19. 9	0. 14	19. 2	0. 15	19. 2	0. 15	18. 4	0. 16
Impaired ADL (Mean)	50. 0	48. 6	1.03	48. 3	1. 04	49. 7	1.01	49. 4	1.01
Psychological Problems	58. 6	47. 2	1. 24	47. 4	1. 23	50. 7	1. 15	50. 1	1. 17
Nursing Care Required (Mean)	6. 1	6. 2	0. 99	6. 1	1.00	6. 4	0. 94	7. 2	0.85